

City of Muskegon Planning & Zoning Application

Planning Commission	Zoning Board of Appeals
<input type="checkbox"/> Amendment to Ordinance (\$300)	<input type="checkbox"/> Variance (\$150 Residential or \$300 Commercial/Industrial)
<input type="checkbox"/> Rezoning (\$400)	<input type="checkbox"/> Ordinance Interpretation (\$150 Res. or \$300 Com./Ind.)
<input type="checkbox"/> Special Use Permit (\$300)	<input type="checkbox"/> Zoning Appeal (\$150 Residential or \$300 Com./Ind.)
<input type="checkbox"/> PUD - Preliminary (\$300)	<input type="checkbox"/> Special Meeting (\$400 additional)
<input type="checkbox"/> PUD - Final (\$300)	Site Plan Review
<input type="checkbox"/> PUD - Amendment (\$300)	<input type="checkbox"/> Staff Review - Minor (\$100)
<input type="checkbox"/> Vacation - Alley or Street (\$400)	<input type="checkbox"/> Staff Review - Major (\$200)
<input type="checkbox"/> Special Meeting (\$400 additional)	<input type="checkbox"/> Planning Comm. Review (\$200)

Address/Location of Subject Property: _____

Parcel # of Subject Property: _____

Current Zoning & Use of Subject Property: _____

Applicant Information:

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Phone (H): _____ Alt. Phone : _____ Fax: _____

E-mail: _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____

Date: _____

I hereby grant permission for members of the City of Muskegon (Planning Commission / Zoning Board of Appeals / City Commission / Staff) to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner: _____

Date: _____

Applicant is the: ☐ Owner ☐ Lessee ☐ Contractor/Architect ☐ Other: _____

If the applicant is not the owner of the property, complete the following:

Owner's Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Signature: _____

Proposed Use: _____ Proposed Zoning: _____

Explanation of Request: _____

If application is for a Special Use Permit or Planning Commission Site Plan Review, please attach sixteen (16) copies of a complete site plan. If application is for a Planned Unit Development, please attach nineteen (19) copies of a complete site plan. If application is for a Staff Site Plan Review, please attach six (6) copies of a complete site plan.

TO BE COMPLETED BY CITY

Date Received: _____ Received by: _____

Paid by: Cash ☐ Credit ☐ Check ☐ check number: _____

Meeting date (if applicable): _____ ZBA ☐ PC ☐